Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0551											
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.											
INFORMATION DISCLOSURE Complete if Known											
CTATCMENT DV ADDI ICANT						Application Number:					
						Filing Date: 9/5/2003					
(Use as many sheets as necessary)						First Named Inventor: Chau					
						Group Art Unit:					
						Examiner Name:					
SHEET OF 1						Attorney Docket Number: PARSE-C4					
					_						
Examin U.S. Documents					U.S. Patent Date of Publication of					1	
er					Paten		ment Name of	Cited Document MM-DD-YYYY		ł	
Initials	Number						ntee or Applicant ed Document				
					_						
					_						
					_						
h					-						
	FOREIGN DOCUMENTS										
	Foreign Patent Documents			Name of			Date of Publication of				
Examiner Initials	Office Number Kind Code (if known)			Patentee or Applicant of Cited Document			Cited Document MM-DD-YYYY			Translation	
	EP	988893		Fitzgerald e		ald et	3/29/2000				
			П								
			11		_				L		
			H						-		
	+		+						-		
L			4-1		-		L		1	L	
Examine Signature							Date Considered				

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.